EXPERIENCES OF FAMILIES THAT APPLIED FOR GOVERNMENT-SPONSORED CHILD HEALTH INSURANCE: REPORT OF A FOLLOW-UP STUDY IN NEW YORK CITY

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ABSTRACT

Context. This study followed up on a summer 1997 advocacy project by the Children's Defense Fund—New York, which assisted families in New York City in enrolling their children in government-sponsored health insurance programs (Medicaid and Child Health Plus).

Objective. To determine how many participants from the 1997 project acquired insurance, to document their experiences during the application process, and to solicit their suggestions on improving the application process.

Design. Guided telephone interviews in summer 1998 with all families from the 1997 program that could be located.

Participants. Fifty-five families from New York City that, with the assistance of the Children's Defense Fund—New York, applied for Medicaid or Child Health Plus in summer 1997.

Results. Of the 55 families, 46 acquired insurance for their children at some point during the year. A number of families changed insurance status several times during the year, and some insured originally through government-sponsored programs later acquired private

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insurance. The families experienced many difficulties in dealing with the health insurance bureaucracies.

Conclusion. The process of applying for Medicaid and Child Health Plus is more difficult and time consuming than may be realized, and many families may go through the application repeatedly. Current efforts to decrease the number of uninsured children in the US must take into account the bureaucratic barriers faced by families that are eligible for these programs and must consider ways to make the application process less formidable.

KEY WORDS Barriers to enrollment, Child Health Plus, Health insurance, Medicaid, Uninsured children.

Congress passed legislation in summer 1997 that will provide states with more than $24 billion over the next 5 years to purchase health insurance for uninsured children.[1] This is the largest government investment in providing children's health insurance since the creation of the Medicaid program over 30 years ago. New York State stands to receive up to $256 million per year in federal funding for this new initiative; it will use the money to improve its Medicaid and Child Health Plus[1] programs. Changes in the Medicaid program will include (1) certification for a full year, (2) establishment of a uniform income eligibility level at 133% of the federal poverty level for all children through age 18, (3) establishment of presumptive eligibility, and (4) education and outreach to help enroll eligible uninsured children. Child Health Plus program improvements will include (1) raising the gross income eligibility level for applicants to a uniform level of 250% of the federal poverty level, (2) expanding the benefits covered by the program, (3) reducing the monthly premiums families are required to pay, and (4) eliminating copayment requirements.[2]

New York City currently has about 370,000 children under age 18 who are uninsured[2] and will soon begin a massive outreach effort to reach and enroll in Child Health Plus or Medicaid those who are eligible (the State Department of Health estimates that 45% of these children are eligible currently for Medicaid, and another 32% are eligible for Child Health Plus).[3] The numbers speak for themselves: if eligible families knew about these programs and if enrollment were a reasonable process, there would not be so many uninsured children. There is no question that many eligible families would like to have insurance for their children but fail to apply because they do not realize, for instance, that holding a job does not disqualify them, and that children of noncitizens are also eligible.[2,4]

Prior research has examined reasons why eligible families might not initiate the enrollment process, including a lack of accurate and adequate information[5–8] and the possible stigma associated with receiving public assistance.[9] However,

less attention has been focused on reasons why families might try to enroll their children but not succeed (e.g., because of the effects of barriers created by the bureaucratic requirements of state-supported programs). Completing the enrollment process for Medicaid is no small task: Typically, it involves several visits to a Medicaid office and requires the applicant to produce specific documentation to prove, among other things, family residence, household income, immigration status, and children's ages. Child Health Plus enrollment is somewhat easier: it can be completed by mail, and immigration status is not an issue. Existing studies and policy documents concerning the Medicaid enrollment process have found that it is difficult for families to find the time to visit the Medicaid office to apply for coverage, to find information about the programs in their native language, and to complete the long and complicated application forms.[5-7] In addition, an unpublished 1994 study by the Children's Defense Fund that examined the social environment of Medicaid offices in New York City found many Medicaid offices to be overcrowded and unpleasant, and the office staff to be abrupt and unhelpful.[10] There is little research into barriers in the Child Health Plus enrollment process, since it is a relatively new program.

Recent findings from a pilot study in New York substantiated the presence and severity of barriers to enrollment. For 10 weeks during summer 1997, the Children's Defense Fund assisted approximately 100 families through the enrollment process for Medicaid or Child Health Plus. Even with assistance, at the end of the 10 weeks the Children's Defense Fund was able to confirm receipt of benefits for only 23% of the children.[4] This was an unexpectedly low percentage, especially since all the children were eligible for either Medicaid or Child Health Plus as judged by trained eligibility screeners.

In the present study, the families from this pilot study were contacted 1 year later, during summer 1998, to determine how many actually had been successful in receiving insurance. Specific purposes of this study were (1) to determine the percentage of the families in the 1997 cohort that acquired insurance within a year; (2) to document the experiences of these families in applying for Medicaid or Child Health Plus, taking particular notice of the barriers they faced; and (3) to suggest ways the process could be made easier, incorporating suggestions from the families and from the Children's Defense Fund staff.

METHODS

SAMPLE

This study follows up on a pool of applicants for Medicaid and Child Health Plus who received assistance from the Children's Defense Fund in applying for

one of the two programs in summer 1997. Most applicants attended the "Stand for Healthy Children" (Stand) rally on June 1, 1997, a 1-day health fair organized by the Children's Defense Fund in coalition with over 150 other organizations and with the cooperation of city and state agencies charged with overseeing the Medicaid and Child Health Plus programs. Stand provided a community-based enrollment model that attempted to create a streamlined enrollment process for uninsured children. First, families were screened by certified multilingual Medicaid staff. If eligible, families were assisted in completing the Medicaid application and then given a list of documents to be submitted to the Medicaid office to verify their applications. Special evening appointments were scheduled with the families for the following week to submit their supporting documents at the city Medicaid office. Families with children that were not Medicaid eligible were counseled by city or state Child Health Plus staff about their options under the program and then assisted in applying to their choice of managed-care companies. All families were called by staff from the Children's Defense Fund in the days and weeks following the event to track the progress of their applications and to offer assistance when necessary. In many cases, Children's Defense Fund staff intervened on a family's behalf with the city Medicaid office, the managed-care plan, or the New York State Department of Health. Intensive follow-up with the families continued for a period of 10 weeks after Stand. After that time, families were given assistance on request. Some of the families in this pool did not attend Stand, but called the Children's Defense Fund in response to advertising of the event. These families were given advice, referrals, and advocacy and were tracked as part of the larger pool of families.

Survey Respondents

A total of 123 families either applied at Stand or called the Children's Defense Fund office shortly thereafter in response to Stand advertising. Of these families, 15 were not included in the sample for the current study because they already had insurance when they contacted the Children's Defense Fund, had inquired about adult insurance only, or had moved and left no forwarding address or telephone number. Of the remaining 108 families, 44 could not be contacted by phone or mail despite repeated attempts, and 9 were contacted but not surveyed because a time could not be scheduled to complete the survey. There were no refusals from the remaining 55 families: all completed the survey, for a response rate of 50.9%. These 55 families had been seeking insurance for a total of 82 children, with 35 families seeking insurance for 1 child, 14 families for 2 children, 5 families for 3 children, and 1 family for 4 children. All but 1 of the 55 families

currently live in New York City (one moved to Washington, DC), primarily in Brooklyn, the Bronx, and Manhattan.

The respondents making up the study sample were similar demographically to the nonrespondents. Both respondents and nonrespondents were likely to have at least one employed adult in the household (80.4% and 90.6%), and both reported similar median monthly family incomes ($1284 and $980). Hispanics were represented equally in each group (23.9% of the respondents identified themselves as Hispanic, as did 21.9% of the nonrespondents), while nonrespondent families were less likely to identify themselves as black (6.3% vs. 17.4%).

Although the original study cohort was self-selected, and another layer of selection is present because we were not able to contact all members of that original cohort, in some ways the study sample is representative of families with uninsured children in New York City. For instance, the ethnic makeup of our respondents was similar to that of uninsured children in the Commonwealth Fund's 1997 survey of health care and insurance coverage in New York City. Our respondents were also similar to the Commonwealth survey in the proportion of households containing at least one employed adult.[11] Selection factors that make our respondents less representative of the eligible population relate to intangible qualities such as stability and initiative. For this reason, our sample probably represents a subsample of people applying for public services: those who are most capable of coping with bureaucratic requirements and who use government assistance programs only episodically.

Survey Procedure

Surveys were conducted by telephone; the surveys were an instrument developed by the authors. Following a brief introduction, the interviewer asked a series of questions designed to elicit information concerning the family's success in acquiring health insurance for their children. If the participant had obtained insurance, the interviewer inquired about the family's use of the insurance and satisfaction with the coverage. If the family had not obtained insurance, the interviewer asked about the primary barriers they had faced and whether they had reapplied. The next section of the survey included a series of 4-point Likert scale items concerning the participant's experience with the enrollment process and follow-up questions to elicit more detailed information about these experiences. The third section of the interview addressed why the subject decided to look for child health insurance and how he or she had heard about Medicaid or Child Health Plus. Next, the interviewer asked an open-ended question designed to elicit recommendations from the participants for improvement of the application pro-

cess. Finally, the interviewer confirmed demographic and contact information. Interviews lasted an average of 20 minutes.

All interviews were conducted over a period of 10 weeks in summer 1998 by a research assistant. For interviews with families with a primary language that was Spanish or Portuguese, a three-way call was placed, with a Children's Defense Fund—New York staff member providing direct translation of questions and answers. Questions were tailored to the subject's experience; for instance, Medicaid applicants were not asked about the Child Health Plus process, and subjects were not asked about parts of the process they had not experienced. The interviewer also provided families currently negotiating the application process with information and assistance to help them through it.

RESULTS

Unit of Analysis

Interpretation of the results of this study could have been complicated by the fact that some families were seeking insurance for more than one child, presenting the possibility that a family might get insurance for some, but not all, of their children. However, all 55 families in the sample achieved uniform results in acquiring insurance by September 1997 (i.e., all children in a given family were insured or none were), and all but one had uniform results for their current insurance status. Also, with one exception, all children in a family had the same type of insurance if they were insured at all. Therefore, the insurance status of the first child is used throughout as a proxy for the family's success in acquiring insurance for its children, and the unit analysis is the family.

Instability of Families' Insurance Status

Many families changed insurance status more than once in the time covered by this study. Initially, the success rate was not high: as of September 1, 1997, 12 weeks after Stand and 2 weeks after the completion of the Children's Defense Fund's 10-week assistance program, only 19 of the 55 families were confirmed to have acquired insurance for their children. However, over the course of the next year, 46 families acquired insurance, and 41 families were still insured when interviewed in summer 1998. Of the 14 families who were not insured in summer 1998, 9 had been uninsured for the entire year, while 5 had acquired insurance at some time during the year, but had lost it by June 1998.

A number of the families acquired private insurance during the year despite the fact that all were uninsured and judged eligible for Medicaid or Child Health Plus in summer 1997. Of the 41 families insured in June 1998, 10 were covered

by an employer- or union-funded policy, 12 by Medicaid, and 19 by Child Health Plus. Also, of the 40 families that acquired Medicaid or Child Health Plus at some point during the year, 4 were covered by employer- or union-funded insurance in summer 1998.

The Experience of Applying for Medicaid/Child Health Plus

The survey asked a number of questions about difficulties in the application process for Medicaid and Child Health Plus. Most applicants reported they did not find the application process difficult. For instance, 66.7% rated the enrollment process for Medicaid overall as somewhat easy or very easy, and 83.3% rated the enrollment process for Child Health Plus as somewhat easy or very easy. Even applicants who were uninsured in June 1998 did not seem to feel that the application process was particularly difficult: 70% of the uninsured Medicaid applicants and 90.5% of the uninsured Child Health Plus applicants rated the application process as easy or very easy. In general, Child Health Plus applicants rated the various phases of the application process (e.g., getting documents together) as easier than did Medicaid applicants. The most negative responses were to the environment of the Medicaid offices, which 9 of 16 respondents said they somewhat disliked or strongly disliked, and the helpfulness of the Medicaid staff, whom 5 of the 17 respondents described as not helpful or somewhat helpful.

However, during the process of assisting families, various difficulties were noted by Children's Defense Fund staff. For instance, a brochure published by the State of New York and distributed at Stand was discovered later to have incorrect toll-free numbers for nearly all the Child Health Plus plans (families needed to call these numbers to begin the application process). One family paid the Child Health Plus premium, found that the plan was not certified to operate in their area, and then was unable to get a refund.

In instances when we were able to track the responses of families that encountered major obstacles, their survey responses did not seem to reflect their difficult experience. For instance, the paperwork for three families applying for Child Health Plus was lost by the insurance company, requiring the intervention of staff from the Children's Defense Fund; despite this, all three families rated the process of applying for Child Health Plus as very easy. Insurance coverage through Child Health Plus for another three families was delayed due to problems issuing their membership cards, also requiring intervention by Children's Defense Fund staff, yet two of these three families rated the Child Health Plus enrollment process as very easy or somewhat easy.

The Experience of Being Insured Under Medicaid/Child Health Plus

Families that received Medicaid or Child Health Plus during the year generally were quite positive about the insurance. Almost 80% said they had used the insurance, and all who answered the question said having the insurance had helped their child. Leading reasons given for why having Medicaid or Child Health Plus was helpful were that it made them feel more at ease about their child's health (mentioned by 10 families), it enabled the child to make more visits to the doctor or clinic (7 families), it was less expensive (7 families), and it enabled the child to get more preventive care (6 families).

Half the parents responding to a question about stability of coverage reported that their child had to switch doctors or clinics after acquiring Medicaid or Child Health Plus. However, 72.7% of those responding said they were satisfied equally or more satisfied with the care received from the new doctor or clinic.

More than two-thirds of the parents said they planned to continue having their child insured under Medicaid or Child Health Plus. The most popular reasons given for continuing to use the government-sponsored programs were to bridge the gap until they could get private insurance or until their income was higher (mentioned by 9 families). The primary reason given by those who did not plan to continue with Medicaid or Child Health Plus was that they had acquired private or job-related insurance (6 families).

Barriers to Enrollment in Medicaid or Child Health Plus

Embarrassment or shame about receiving government-sponsored health insurance was not reported to be a major problem by these families. In fact, only 30% of those who answered this question about Medicaid said they felt embarrassed or ashamed about receiving it for their child, and only 3% of those answering this question about Child Health Plus said they felt embarrassed or ashamed about receiving it for their child. Suggestions by families to reduce the embarrassment associated with receiving Medicaid included being able to apply at different locations (3 families), having friendlier and more helpful Medicaid staff (3 families), and paying a small premium (2 families).

Concrete barriers in the application process were much more important in preventing families from completing the Medicaid/Child Health Plus application process. Families currently uninsured cited the following as barriers: being ruled ineligible due to income level (8 families), the need to make an additional office visit for Medicaid recertification (2 families), never receiving their insurance card (2 families), premiums that were too expensive (2 families), the inability to assemble necessary documents (1 family), and the inability to obtain information about the programs in their native language (1 family). Remarkably, two families

said they were refused Child Health Plus because their income was too high, reflecting an error or confusion by the office staff because there is no upper ceiling on income eligibility for Child Health Plus.

COMMENTS

Families' Insurance Status

The child health insurance status of families in this study was complicated and often changed one or more times over the year, not only from uninsured to insured, but also from one type of insurance to another. Clearly, the problem of uninsured children is not solved simply by signing them up once for a program; rather, ongoing effort is needed to see that there is continuity in their coverage. Further, because some families will be going through the application process repeatedly, it should not be unnecessarily difficult or time consuming.

Enrolling in Medicaid or Child Health Plus, even with assistance, is a time-consuming process. It takes 45 days to be approved for Medicaid if the process goes smoothly. The application and approval process for Child Health Plus can take from 2 to 5 weeks, depending on the day of the month a family initiates the process (families are only added at the beginning of each month, so if they apply after the 23rd of a given month, they have to wait for the entire new month to pass before they will be approved) (M. Dutton, Children's Defense Fund—New York, oral communication, September 9, 1998). Of course, if families have problems assembling the necessary documents to complete their application or have difficulty scheduling a face-to-face interview at the Medicaid office, the process can take considerably longer.

Presumptive Eligibility

The length of time required to process applications makes a strong argument for presumptive eligibility, that is, allowing provisional enrollment of children who appear to be eligible while waiting for submission of supporting documentation by their family.[12] At the time of this survey, presumptive eligibility existed for Child Health Plus, but only in a legal, rather than practical, sense. First, few families knew about it, so many delayed their applications until they had all the required documentation. In addition, health care plans did not utilize it because they felt too much paperwork was required for families who might never complete the application process (presumptive eligibility gives a family 2 months of coverage; if their documentation is not complete at the end of that time, their coverage lapses). Presumptive eligibility will be implemented for Medicaid in the coming months. It will be important to examine the effect of presumptive

eligibility in both programs to see if it helps families bridge gaps in insurance coverage.

Crowd-out

There is concern among policymakers about what is called "crowd-out." This term has two meanings: first, employers may cease to offer health insurance to their employees if publicly sponsored insurance is available to those employees; second, parents may decline to purchase insurance offered by their employers if cheaper or more inclusive coverage is available from the government.[13-16] While investigation of the first type of crowd-out was beyond the scope of this study, we did ask several questions that could have revealed if the second type was a concern. We found no evidence of crowd-out, a finding consistent with that of several studies in other states that expanded their eligibility pool for subsidized child health insurance.[8,17] On the contrary, some families that originally applied for Child Health Plus or Medicaid were covered by private insurance within a year, and several families mentioned that they were using Medicaid or Child Health Plus to bridge the gap until they could get employer-sponsored insurance. These families would be affected adversely by waiting periods for Child Health Plus, which some states have adopted in an effort to prevent crowd-out.[18]

Experiences in Applying for Medicaid/Child Health Plus

One major surprise in this survey was the positive attitude most respondents appeared to hold toward the application process for Medicaid and Child Health Plus. We expected the respondents to describe the process as both difficult and unpleasant, but most described both the overall process and the individual steps involved (making an appointment, getting the necessary papers together, etc.) as easy or very easy. In general, the Child Health Plus application process was described as easier than that for Medicaid, but most did not describe the Medicaid process as difficult. This was true even if a family had experienced serious difficulties that required intervention by Children's Defense Fund staff for resolution, such as having an application lost by the health management organization or an insurance card being delayed. It is also of interest that there were no significant differences in the rated difficulty of the application process between families with children that were insured at the time of the interview and those with children who were not insured at that time.

We know that many families experienced significant difficulties in the application process, so their answers in this survey do not represent their experience entirely during the application process. There are several possible explanations for this discrepancy, the most obvious being that the process was made much

easier because of assistance received from the Children's Defense Fund staff. Because of this assistance, it is also possible that interviewees may have answered the questions thinking about their experiences with the Children's Defense Fund staff rather than with Medicaid staff or Child Health Plus–approved plan personnel. A third possibility is that too much time had passed between the application process and the survey, causing interviewees to forget how difficult the process really was.

Another reason for the unexpected pattern of these responses may be that the families in our sample were more able, in many ways, to deal with the application process than many who are eligible for these insurance programs: Most spoke English, most were employed, almost all had telephones, and so forth. The problems of the application process, particularly difficulties in communicating with staff and in gathering documentation, would be much more severe among families with members who were more disadvantaged educationally and economically.

Experiences of Being Insured Under Medicaid/Child Health Plus

There is no question that these families appreciated having insurance for their children and that they were satisfied generally with whichever program in which they were enrolled. In fact, everyone who answered the question said that having the insurance helped his or her child. Even among families that had to change pediatricians after receiving insurance, most reported that they were satisfied with the new provider.*

None of the parents who planned to discontinue Child Health Plus or Medicaid said they would do so because they were dissatisfied with it. Instead, the most popular reason for discontinuing coverage was that the family had acquired insurance through an employer or union. Some families planning to continue with Medicaid or Child Health Plus said they were doing so until they could get private insurance through their employer. These results clearly indicate that, at least in this sample, Medicaid and Child Health Plus are viewed not as a permanent substitute for private or employer-based insurance, but as a backup when circumstances leave the family uninsured temporarily.

*This is not meant to downplay the importance of children having a "medical home" where they regularly receive their care. There are many reasons why families might have downplayed the disruption of switching providers, including the fact that many may have seen a number of physicians in the past, no one of which was seen as providing a "medical home." Also, Children's Defense Fund staff observed that many families should not have had to switch providers if the parents had been informed fully of the range of plans available to them and had known which plans included their child's pediatrician.

Barriers to Enrollment in Medicaid or Child Health Plus

Despite what other research has found,[19] embarrassment or shame at applying for or receiving government-sponsored health insurance did not seem to be a major barrier for this population. Of course, this was a group that chose to apply for that type of insurance, so they may not be representative of the larger population of families eligible for such assistance.[19] Suggestions by a few families to make Medicaid more attractive, such as having friendlier or more helpful Medicaid staff, are consistent with observations by the Children's Defense Fund staff that the negative responses of families to Medicaid were tied largely to the perception that the application process itself was burdensome and unpleasant.

In contrast, concrete barriers to acquiring Medicaid and Child Health Plus posed much more significant obstacles for these families. The fact that it appears to have taken longer than 12 weeks for most families to become insured, even with assistance and advocacy from the Children's Defense Fund, indicates the difficulty of the process. Specific barriers reported by the families are similar to those documented in an observational study by the Children's Defense Fund.[10] Although little research has been published on the effects of these barriers on suppressing enrollment, a number of policy documents have suggested simplifying or easing bureaucratic requirements in order to enroll more eligible children.[7,20,21]

It is not always possible to pinpoint a single reason why families do not complete the application process; it is more likely that, given a combination of factors that make the process difficult (from distant offices, to rude staff, to unreasonable documentation demands), a small problem can "break the camel's back" and result in a family giving up on the process. For instance, when the Children's Defense Fund arranged for special evening appointments for Medicaid face-to-face interviews, only 16 of 35 families kept them despite telephone reminders from the Children's Defense Fund. The reason given by most for not keeping the appointment was that they had been unable to assemble all the required documents needed to complete the interview. Keeping this appointment was particularly difficult for some families because they were required to travel to the central Medicaid office in midtown Manhattan, even if they lived or worked in the outer boroughs. Further, since all Stand families had their required face-to-face interview at Stand, they should have been able to submit their supporting documents by mail, but the city Medicaid office was unable to accommodate a mail-in system.

The inflexible demands of the application process are particularly difficult for these families to meet because the expectations of the government are often

inconsistent with the reality of the lives of the applicants. For instance, the preferred documentation for proof of income required for both Medicaid and Child Health Plus is four printed pay stubs; since many of this population are employed sporadically and informally, they do not have these documents. A similar problem exists for proof of residence: the preferred document is a lease, which many families in this population simply do not have. There are alternative documents that may be used to prove income and residence, but an earlier Children's Defense Fund study found that Medicaid staff do not always inform applicants of the range of documents that are acceptable, and families in this sample also reported that they were not told of alternative documents that would meet the government's requirements.[22]

Suggestions made by families to improve the application process for Medicaid included making information and the applications available through schools and other community institutions (mentioned by 4 families), making the process of gathering documentation easier by means such as a checklist of alternatives that could be provided to families (4 families), and having nicer, more helpful staff. Suggestions to improve the Child Health Plus application process included doing more advertising about the program (8 families), providing more follow-up assistance (2 families), making it easier to gather the required documents (2 families), and processing the applications quicker (2 families).

Limitations

Despite repeated attempts by phone and mail to reach all eligible members of the 1997 cohort, we were able to reach just over half of them, a response rate similar to that found by other researchers working with similar populations.[23] However, a higher response rate would have increased the power and quality of our study, so strategies to address this issue are needed (the issue of response bias was addressed in the Results section). For instance, it would be helpful to maintain regular contact with families while they are going through the application process, rather than trying to locate them a year later. This approach would also have the advantage of allowing interviewers to solicit subjects' opinions of the application process while that process is still fresh in their minds.

Another limitation of this study was that subjects were self-selected rather than a randomly selected sample from some population. This problem was inherent in the nature of the project because our subjects were part of a cohort of participants in an advocacy/social service project. We do not suggest that the families in our study are equivalent to a random sample of families applying for Medicaid or Child Health Plus for their children, and their experiences in

applying for Medicaid/Child Health Plus may be quite different also. However, this cohort provided us with a great deal of information about the Medicaid/Child Health Plus application process (from a population that is notoriously difficult to survey), and information and experience gained from this study can be used to inform future surveys. On the other hand, because our subjects were volunteers in a special project to apply for insurance, they can be considered more motivated than the average applicant; therefore, the average experience is probably even more difficult and less likely to be successful.

Future Research

A number of issues that suggest directions for future research were raised during this survey. These issues are of particular interest now since New York State is about to invest substantial amounts of money in an attempt to increase health insurance coverage among children. A major need is for a study that documents in real time the barriers faced by families going through the application process for Medicaid or Child Health Plus. This would give us up-to-date and specific information about difficulties faced by these families and on the length of time it takes them to fulfill the various requirements of the application process. The issue of episodic provider relationships also bears further study: for example, researchers should investigate whether families applying for Medicaid or Child Health Plus typically have a medical home (i.e., a regular physician or clinic relied on for most of their care) and whether they are more or less likely to establish this kind of ongoing relationship if they have health insurance. A third issue that bears further study is the question of how stigma affects the willingness of uninsured families to apply for government-subsidized insurance; we know that this is not a significant barrier for those who choose to apply for Medicaid or Child Health Plus, but do not know how it affects those who have not applied for these programs.

CONCLUSIONS

The process of applying for children's health insurance through the Medicaid and Child Health Plus programs is more difficult and takes longer than commonly is believed. In fact, the bureaucratic requirements of these two programs present considerable barriers to enrollment for many eligible families. These factors almost certainly play a role in depressing enrollment in these programs, leading to the high proportion of uninsured children that has been noted in many studies. Attempts to address this problem require more than publicity and information campaigns: governments may have to reconsider how they screen and process applications and attempt to remove or modify barriers that complicate and delay

the process of families receiving insurance. Some reforms have already begun: For instance, in the coming months, New York State and local officials will enact changes in the Child Health Plus and Medicaid enrollment processes aimed at addressing many of the barriers experienced by the families in this study. However, it is important that research into enrollment barriers continues as these changes are implemented so that successful reforms may be recognized and continuing failures corrected.

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